



📞 401 7852202 ✉ Info@hitepri.com
📍 515 Elmwood Ave Providence RI 02907

Trainee Application

Full name:

Date:

Gender:

Race:

State Or Self:

State:

Worker Case Name:

Worker Case Phone:

Class:

Worker Case Email:

Address:

Address Line 1:

Phone:

Email:

Date of Birth:

Social Security#:

Desired Start Date:

Are you a RI Resident?

If no, are you authorized to study in the U.S.?

Have you previously held a CNA license?

If yes, when?

Have you ever been convicted of a felony?

If yes, explain?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application may result in dismissal.

Signature:

Date:

Uniform Size

Scrub Top:

Scrub Bottom:



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AGREEMENT FOR NURSING ASSISTANT TRAINING

I, _____ understand that the cost for the nursing assistant training program is as follows:

Tuition: \$1200

Registration Fee: \$600

Books / Materials / Handouts: \$200

Fee For Medical Supplies: \$200

Uniforms / Badge: \$100

TOTAL: \$2,300

If I decide to withdraw before the starting date of the course.

I understand this includes a \$100 non-refundable registration fee. If I decide to withdraw after the starting date of the course. I understand that I am responsible for payment in full. No refund is available after the starting date of the course.

All my questions have been answered and I understand my financial obligations to Hitep Inc.

Trainee Print Name: _____

Signature: _____

Date: _____



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HITEP Emergency Contact Form

Name:

Phone Number:

Address:

Primary Emergency Contact Name:

Relationship:

Cell Number:

Second Emergency Contact Name:

Relationship:

Cell Number:

Any special medication taken (if any):

Allergies (if any):

This information is very important to us at HITEP, your safety is our priority.

Please ensure that all information provided is correct, once done, sign and date below.

Signature:

Date:



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RELEASE AND WAIVER OF LIABILITY

In consideration of allowing me to participate in HITEP's Nursing Assistant Training Program, I, the undersigned (or parent or legal guardian if a minor), do hereby waive, release, and forever discharge HITEP, its affiliates, officers, agents, employees, agents and representatives, from any and all liability, including future damages, from injuries or damages of any kind resulting from my participation in the Nursing Assistant Training Program. I have voluntarily and knowingly agreed to participate in the certified nurse aide training and do hereby assume all responsibility for my participation and activities in such training.

Signature:

Printed Name of Participant:

Date:



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Photo Release

I hereby consent that all photographs taken of me by HITEP staff may be used by for the purpose of illustration, advertising, school web information/promotion, or publication.

Signature:

Date:



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The Family Educational Rights and Privacy Act (FERPA)

FERPA CONSENT TO RELEASE TRAINEE INFORMATION

TO: HITEP, Inc.

Please provide information from the educational records of

[Name of Student requesting the release of educational records] to:

[Name(s) of person to whom the educational records will be released, and if appropriate the relationship to the student such as “parents” or “prospective employer” or “attorney”]

(Note: this Consent does not cover medical records.)

- ☐ Grades, competencies
- ☐ Disciplinary records
- ☐ Recommendations for employment or admission to other schools
- ☐ All records of education
- ☐ Other (example): Absent explanations, notes, etc....

The information is to be released for the following purpose: Upon request of student.

I understand the information may be released in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent I understand I may revoke this Consent upon providing written notice to HITEP I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to person listed above to whom the educational records will be released for the specific purpose described above.

Name (print):

Signature:

Date:



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Nursing Assistant Training Program Trainee Checklist

- ☐ Fill out and complete registration application form
- ☐ Submit Payment of course
- ☐ Complete and sign agreement forms (if applicable)
- ☐ Social Security
- ☐ ID or driver's license
- ☐ Complete and sign FERPA form
- ☐ Sign photo release (unsigned release will indicate release of photo is not permitted)
- ☐ Determine uniform size and obtain photo for badge
- ☐ Review trainee health requirements and precautions- Covid Card
- ☐ Submit proof of physical exam and required immunizations
- ☐ Submit Original BCI (State Background Check) with stamp and seal from the RI Attorney General's Office only. BCI must be given by Orientation.

Signature:

Date:

FOR OFFICE USE ONLY:

The checklist has been reviewed and the trainee understands the eligibility requirements.

Signature:

Date:



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I, _____ Understand that the nursing assistant training program is taught in English as required by the RI department of health. Students are allowed to use resources to help with Spanish translations such as:

- Use phone to translate
- Written material, exams and study guides
- book is given in English.

Yo, _____ Entiendo que el programa de capacitación de asistente de enfermería es impartido en Inglés como es requerido por el departamento de salud de RI, se les permite a los estudiantes utilizar recursos para ayudar con la traducción en español tales como:

- Utilizar el telefono para traducir
- Material escrito, exámenes y guías de estudio.
- El libro es dado en Inglés.

Signature:

Date: